

Foster Care – Renewal Application

Foster Family Address: _____

Foster Provider

Spouse

Name:		Name:	
Date of Birth:		Date of Birth:	
Occupation:		Occupation:	
Employer:		Employer:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Home Phone:		Home Phone:	
Email Address:		Email Address:	

Others living in the household (include tenants)

Name	Date of Birth	Age	Relationship

Foster children currently place in home

Name	Age	Caseworker

Renewal – Income Statement Form

Income changes since last year:

Please list finances below:

Monthly Net Income	Amount	Expenses	Amount	Other considerations	Amount
Primary Employment Income:		Mortgage/Rent:		Savings:	
		Car Payment(s):		Investments:	
		Insurance (Auto, Health, etc.):		Other:	
Spouse Employment Income:		Credit Card/Loan Payments:			
		Phone(s):			
		Cable/Internet:			
Child Support Income:		Charity/Tithe:			
Social Security Income:		Child Support:			
Other Income:		Automotive Fuel:			
		Groceries:			
		Natural Gas:			
		Electric:			
		Other Utilities:			
		Other Expenses:			
Total Monthly Income after taxes:		Total Monthly Expenses:		Additional Considerations:	

*Please provide supporting documentation in the form of either the page of your most recent tax report showing gross annual earning or two recent consecutive pay stubs from each wage earner in the home or current W-2 form showing earnings.

Renewal – Medical Affidavit

Primary Provider:

Has your health or medication changed over the past year?

☐ Yes ☐ No

If yes, please list all new diagnoses & medications for each provider:

Spouse:

Has your health or medication changed over the past year?

☐ Yes ☐ No

If yes, please list all new diagnoses & medications for each provider:

Renewal – Application Signature Page

The Provider Code of Conduct, Foster Care Rules, and Background Screening Applications may be accessed at the Office of Licensing website: www.hslic.utah.gov or hard copies may be requested by contacting the Office of Licensing directly.

I/We have read and understand the following Department of Human Services, Office of Licensing documents and agree to comply with them:

Provider Code of Conduct

<http://hspolicy.utah.gov/files/dhs/5-%20Security/5-3-%20Provider%20Code%20of%20Conduct.pdf>

Primary Provider - Initials

Spouse - Initials

Foster Care Rules

<http://www.rules.utah.gov/publicat/code/r501/r501-12.htm>

Primary Provider - Initials

Spouse - Initials

I verify that all information in this application is thorough, accurate, and true to the best of my knowledge. I have had an opportunity to ask questions and seek clarification and my questions have been answered to my satisfaction and understanding.

Signature of primary provider

Date

Printed name of primary provider

Signature of spouse provider

Date

Printed name of spouse provider

Please send or email this completed application to the Office of Licensing. Be sure to include:

- ☐ Criminal Background Screening Applications for all adults in the home over age 18 (obtained copies from your licensor or via OL website: <http://hslic.utah.gov/background-screening/screening-application/>)
- ☐ Utah Driver Licenses or Utah State ID Cards for each previously screened adult over age 18 **only** if there is a change in name

Coordinate with your licensor on how best to provide the following items if not included with this application:

- ☐ Supporting documentation (tax forms or recent consecutive pay stubs) to verify income status
- ☐ Current CPR/First Aid certification for primary applicant and spouse
- ☐ Proof of insurance for all vehicles that transport foster children
- ☐ Proof of valid driver's license for anyone in the home that transports foster children

Please contact your licensor to schedule your annual safety check and homestudy update meeting upon submission of this application

Thank you for your interest in providing foster care services

Foster Care – Provider Home Visit Preparation Checklist

Use this checklist to help you prepare your home for the safety inspection with your licensor.

- ☐ 1. Working smoke detector on each level (licensor will test)
- ☐ 2. Working carbon monoxide detector on each level
- ☐ 3. One fully charged fire extinguisher in home rated 2A:10BC or higher (licensor will check the charge)
- ☐ 4. Locking capability on bathrooms
- ☐ 5. Hazardous areas are mitigated through the use of fences, banisters, railings, grates, natural barriers, protective hardware or other licensor approved methods:
 - ☐ a. Fall hazards 3 feet or more (steep grades, cliffs, open pits, window wells, stairwells, elevated porches, retaining walls, etc) are mitigated
 - ☐ b. Drowning hazards (pools, hot tubs, water features, ponds, streams, canals, etc) are mitigated
 - ☐ c. Burn hazards (fireplaces, candles, radiators, etc) are mitigated
 - ☐ d. Unstable heavy items (televisions, bookshelves, etc) are mitigated
 - ☐ e. Dangerous traffic conditions are mitigated
 - ☐ f. Other hazards addressed/mitigated
- ☐ 6. Multi-level homes have: an automatic fire suppression system OR safety escape ladders OR stairway OR egress to ground level from all upper levels.
- ☐ 7. 9-1-1 recognizable phone on site with foster children at all times
- ☐ 8. Emergency contact numbers and address of the home are posted next to the phone or in a central location
- ☐ 9. Firearms stored with ammo ONLY in a gun safe or commercially manufactured container for firearm storage
- ☐ 10. Firearms and ammo are locked separately with separate key/combo/locking devices if not stored in commercially designed firearm storage container
- ☐ 11. Firearms in display cases are rendered inoperable and ammo locked elsewhere
- ☐ 12. Alcohol is inaccessible to foster children
- ☐ 13. Hazardous materials that are required to be locked are: pesticides, bleach, bleach-based cleaners, compressed air, ammonia and ammonia-based cleaners, chemical drain openers, hair relaxers/permanents, spray paint, paint thinner, automotive fluids, glues, oven cleaners, matches, lighters, lighter fluids, cleaning aerosols, over-the-counter medications, prescription medications, vitamins, supplements, concentrated detergent capsules.

- ☐ 14. Other common household items are stored responsibly in consideration of ages etc
 - ☐ 15. Flammable items such as gasoline & kerosene are locked in ventilated storage containers
 - ☐ 16. Home is free from health/fire hazards
 - ☐ 17. Two exits on each level of the home that are large enough for emergency personnel to enter from outside
 - ☐ 18. Safety devices as appropriate for ages (outlet covers, safety gates, window well covers)
 - ☐ 19. Fully supplied first aid kit in home (medications removed if it is not locked)
 - ☐ 20. First aid kit in vehicles that transport children
 - ☐ 21. Emergency contact information in vehicles that transport children
 - ☐ 22. Bedrooms measure 40 square feet per child with no more than 4 children in any room
 - ☐ 23. Beds are adequate for the child(ren) you'll be taking
 - ☐ 24. Screens in foster bedroom windows
 - ☐ 25. Closet/dresser for foster child's belongings
- Your licensor will be the one to inspect and approve all methods of meeting these requirements. If you have a situation that you are unsure of, please contact your licensor in advance to discuss it. Your licensor can offer you the technical assistance necessary to creatively problem-solve and assist you in coming into compliance with these requirements.
- If full compliance cannot be verified on the first visit, a follow-up visit may be necessary. Your license will be issued following licensor's ability to verify full compliance on all rules and checklist items. Be sure to familiarize yourself with R-501-12, as this is not a complete list of all requirements that you will be held to.